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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	023987.43009
First Inventor	Hodes, Mark B.
Title	Method and Apparatus for Point of Sale Activated Delivery of Prod
Express Mail Label No.	EK716354209US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **68**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total **19**]
5. Oath or Declaration [Total Pages **3**]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____ / _____

Prior application information: Examiner _____

Group / Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Labelor ☐ Correspondence address below

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Registration No. (Attorney/Agent)

31,327

Signature

Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2002		Complete if Known	
		Application Number	
<i>Patent fees are subject to annual revision.</i>		Filing Date	
		First Named Inventor	Hodes, Mark B.
TOTAL AMOUNT OF PAYMENT		Examiner Name	
		Group Art Unit	
\$2,130.00		Attorney Docket No.	023987.43009

METHOD OF PAYMENT	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	
Deposit Account Number	50-0858
Deposit Account Name	Butler, Snow et al.
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR § 1.27	
2. <input checked="" type="checkbox"/> Payment Enclosed:	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other	

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
101 740	201 370
106 330	206 165
107 510	207 255
108 740	208 370
114 160	214 80
SUBTOTAL (1) \$355.00	

2. EXTRA CLAIM FEES	
Total Claims 155 - 20** = 135 X 9.00 = 1,215.00	
Independent Claims 17 - 3** = 14 X 40.00 = 560.00	
Multiple Dependent	
SUBTOTAL (2) \$1,775.00	

3. ADDITIONAL FEES	
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
105 130	205 65
127 50	227 25
139 130	139 130
147 2,520	147 2,520
112 920*	112 920*
113 1,840*	113 1,840*
115 110	215 55
116 400	216 200
117 920	217 460
118 1,440	218 720
128 1,960	228 980
119 320	219 160
120 320	220 160
121 280	221 140
138 1,510	138 1,510
140 110	240 55
141 1,280	241 640
142 1,280	242 640
143 460	243 230
144 620	244 310
122 130	122 130
123 50	123 50
126 180	126 180
581 40	581 40
146 740	246 370
149 740	249 370
179 740	279 370
169 900	169 900
SUBTOTAL (3)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Susan B. Fentress	Registration No. (Attorney/Agent)	31,327
Signature	<i>Susan B. Fentress</i>	Telephone	(901) 680-7319
		Date	10-26-01

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